

## HOUSEHOLD SIZE—INCOME STATEMENT

## APPLICATION STATEMENT OF HOUSEHOLD SIZE—INCOME FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CHILD CARE COMPONENT) INSTRUCTIONS:

An adult household member must complete and return to center. (FFY 2010, Rev. 6/09)

Name(s) of Child(ren)	Center
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☐ **FOSTER CHILDREN:** In certain cases meals served to foster children are eligible for reimbursement at the free or reduced price rates regardless of the foster household's income. If you have foster children living with you and wish to apply for such meals for them, complete the application as if for a household of one. Only report income personally received by the child. Complete a separate application for each foster child.

**PART 1—HOUSEHOLDS RECEIVING FOOD STAMPS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), OR WISCONSIN WORKS (W-2) CASH BENEFITS**

If you are NOW receiving Food Stamps (FoodShare Wisconsin), FDPIR and/or W-2 Cash Benefits for these children you only have to give your Food Stamp (FoodShare Wisconsin), FDPIR or W-2 Cash Benefits case number. **DO NOT give numbers for Medicaid, SSI, W-2 Child Care Assistance or Quest Card (16 digit number).** Complete PART 3, sign and date the form and return it to the center's office. **Do not** complete PART 2.

☐ YES, I receive Food Stamps (FoodShare Wisconsin), or FDPIR and/or W-2 Cash Benefits this month for this child. Provide case number on appropriate line if establishing eligibility as a household currently receiving Food Stamps, FDPIR, or W-2 Cash Benefits.

Food Stamp Case (FoodShare Wisconsin) No. is (a ten digit number) \_\_\_\_\_

W-2 Cash Benefits Case No. is (a ten digit number): \_\_\_\_\_

FDPIR Case No. is (a nine digit number) \_\_\_\_\_

**PART 2—ALL OTHER HOUSEHOLDS**

If you did not give a Food Stamp (FoodShare Wisconsin), FDPIR, or W-2 Cash Benefits case number, you MUST complete the following information or your application cannot be approved.

**Name and Social Security Number of Adult Household Member who signs this form.**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ I do not have a Social Security Number

**PRIVACY ACT STATEMENT:** Unless you list the child's food stamp (FoodShare Wisconsin), FDPIR or W-2 cash benefits number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or W-2 office to determine current certification for food stamps, FDPIR or W-2 cash benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

**HOUSEHOLD MEMBERS:** List below the names of **everyone** living in your household; include yourself and the child(ren) listed above.

**INCOME:** List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions or taxes, social security, etc. List each amount under the correct title. Use the following conversion factors to determine monthly income: Weekly income x 4.33 = Monthly income. Every 2 weeks income x 2.15 = Monthly income. Twice a month income x 2 = Monthly income.

LIST ALL HOUSEHOLD MEMBERS		CURRENT MONTHLY INCOME			
Name (Last, First)	Age	Earnings from Work (Before Deductions)	Welfare Payments Child Support and/or Alimony	Payments from Pensions Retirement Social Security	All Other Income Received Last Month
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

**PART 3—ALL HOUSEHOLDS** Please check the ethnic and racial identity of your child(ren). You are not required to answer this question. The collection of this information is strictly for statistical reporting and will have no effect on determination of eligibility for benefits.

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE: ☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

**I CERTIFY** that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. The signature on this application is that of an adult household member.

Print Name and Address, *Street, City, Zip*

Signature of Adult Household Member	Signature Date <i>Mo./Day/Yr.</i>	Work:	Telephone Number Home:
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**FOR CENTER USE ONLY**

<b>Basis of Determining Eligibility</b>  <input type="checkbox"/> Total Household Size _____  <input type="checkbox"/> Total Monthly Income \$ _____	<input type="checkbox"/> Food Stamp (FoodShare Wisconsin) <input type="checkbox"/> W-2 Cash Benefits <input type="checkbox"/> FDPIR	<b>Eligibility Determination</b> <input type="checkbox"/> Free <input type="checkbox"/> Free (based on zero income) [temporarily until: _____ (45 days)] <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	<b>Determining Official's Initials and Date</b>  _____  (Expires in one year from signature date of adult household member)
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